

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Pondera Heart Butte Public Schls 0670 1226 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 3 48 84 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner XXXXXXXXXXXXX3230 318 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0670 1226 66.00 34.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER **NUMBER** a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

Date

For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us

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1 copy State Supt. 1 copy County Supt. 1 copy School District Rate Per Mile \$0.95 Legal Entity Number 0670 1226 Rated Capacity 9 **District Owned** Legal Entity % TOTAL (Grades 9-12) **ELIGIBLE RIDERS** С **NUMBER** a + b

Date

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Rate Per Mile							
Due Dates:To County SuptTo OPIAll RoutesOctober 1October 15\$0.95	Rate Per Mile \$0.95						
County Name County Number District Name Legal Entity Nu	mber						
Pondera 37 Heart Butte Public Schls 0670 1226							
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Type of Service Bus Route Mileage Rated Capacity							
A 21 Bus Route Mileage 9							
Vehicle I.D. # License # □ District Owned District Owned							
XXXXXXXXXXXXXX3913 319 Contract - If so, Name of Owner Contracted rate per mile	_ =						
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Per	centages						
The state of the s							
% 100.00 % %							
PASSENGER INFORMATION							
Number of Preschool/Kindergarten pupils riding this route ELEMENTARY RIDERS HIGH SCHOOL RIDERS (Grades 9-12) ELIGIBLE R							
a b c NUMBER NUMBER a+b							
Regular (include eligible Preschool/Kindergarten riders)							
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
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Due Dates: All Routes		To County Supt October 1		To OPI October 15		\$1.36	
County Name		County Number	District Nar	me		Legal Entity Number	
Pondera		37 Conrad P		Public Schools		0674 0675	
Route #	Length of Route	(miles per day)	Type of Se	rvice Bus Route Mi Non Bus Mile		Rated Capacity	
1-Joel	130.6		Bus Rou	te Mileage	aye	66	
Vehicle I.D. #	License #		□ District Owned District Owned				
1BAAHCPA71F096845	100		Contract - If so, Name of Owner Contracted rate per mile				
Reimbursement Distribution- Er	nter the legal entit			y reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Enti		atch budget! Legal Entity	/	Legal Entity		
0674		0675				,	
9/ 60.00	0/ 4/	2.00	%		%		
% 60.00 PASSENGER INFORMATION	% 40	0.00	70		70		
Number of Preschool/Kindergar this route	ELEMENTARY (Grades Pl	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/		•		•			
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
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area assigned to it by the County Signature - Chair, County Transport	ty Transportation			,	Date		
and							



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Due Dates: All Routes			To County Supt October 1		To OPI October 15		\$1.36		
County Name			County Number District Name		ne		Legal Entity Number		
Pondera			37			Public Schools	0674 0675		
Route #	Length of F	Route	(miles per day) Type of Serv		rvice Bus Route Mileage		Rated Capacity		
2-george	88				□ Non Bus Mileage Bus Route Mileage			66	
Vehicle I.D. #	Licen	se#			□ District Owned District Owned				
1BAAHCSA5VF072833	321			Contract - If so, Name of Owner Contracted rate per mile					
Reimbursement Distribution- Er	nter the legal	entity				reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity	Lega	l Entity			<u>n budget!</u> Legal Entity	,	Legal Entity		
0674		06	675			5		,	
% 60.00	%	40.	00		%		%		
PASSENGER INFORMATION	/0	40.	00	-	/0		/0		
Number of Preschool/Kindergarten pupils riding this route				ELEMENTARY RIDERS (Grades PK-8)			HIGH SCHOOL RIDERS (Grades 9-12) E		
			a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)				<u> </u>			•		
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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.15 County Name County Number District Name Legal Entity Number Pondera Valier Public Schools 0679 0680 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 5 91.2 54 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Dan Dodge 1BAAFCSH7LF034715 D700 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0679 0680 50.00 % % 50.00 % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



Date

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School Year 2005 - 2006

This form is required in accordar receives state reimbursement ev					one form for each	ch bus route that	
Due Dates	To County Supt To OPI		To OPI	R	ate Per Mile		
All Routes			October 15	\$	1.36		
County Name		County Number	District Nan	ne		Legal Entity Number	
Pondera	37	Valier Public Schools			0679 0680		
Route #	Length of Route	(miles per day)	Type of Service ☐ Bus Route Mile			Rated Capacity	
3	3 105			□ Non Bus Mileage Bus Route Mileage			
Vehicle I.D. #		□ District Owned District			Owned		
1T88P3C2641138413	1T88P3C2641138413 383			□ Contract - If so, Name of Owner □ Contracted rate per mile			
Reimbursement Distribution- En	ter the legal entity			reimbursement to be pa	aid to each dist	rict. Note: Percentages	
Legal Entity	Legal Entity	must match budget! y Legal Entity		,	Legal Entity	Entity	
0679	O	680					
% 50.00	% 50.	00	%		%		
PASSENGER INFORMATION	70 30.		70		,0		
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		a		р		C	
Regular (include eligible Preschool/Kindergarten riders)		NUMBER		NUMBER		a + b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would							
otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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Signature - Chair, Board of Trustees					Date Date		
County T	ransportation Co	ommittee Approval as rec	guired in acc	ordance with Section 2	 20-10-132. MC/	Α.	
This Application for Registration area assigned to it by the Count	of School Bus and	d State Reimbursement ha					
Signature - Chair, County Transportation Committee Date							



Date

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